



Maine CASA
171 State House Station
Augusta, ME 04333-0171

Telephone: 207.287.5403
Fax: 207.287.7553
E-Mail: casa@courts.maine.gov

VOLUNTEER APPLICATION

Name: _____ Birth Name/Alias: _____

Date of Birth: _____ Home Phone: _____ Cell Phone: _____

HOME ADDRESS: Street: _____

City: _____, State: _____ Zip: _____

E-Mail Address: _____ @ _____

How did you hear about Maine CASA? _____

Employed by: _____

May you be called at work? YES: _____ NO: _____ If Yes, Work #: _____

Could you attend Court during regular business hours if necessary? YES: _____ NO: _____

Brief description of work: _____

OR:

Retired from: _____

Formal Education (Highest Year of School Completed): 12 13 14 15 16 17 18 18+

Do you speak a foreign language? YES: _____ NO: _____ If yes, what language(s)? _____

Do you drive? YES: _____ NO: _____ Do you have regular access to a car? YES: _____ NO: _____

Driver's License No.: _____ Car Insurance: Policy # _____ Exp. Date: _____

Company: _____

List current community activities: _____

List current and previous volunteer work (include all previous volunteer work, a brief description of duties/activities, and dates of service): _____

As a CASA Guardian *ad litem*, you will be required to attend court hearings for the children you represent. Will you be able to arrange your schedule to attend these hearings? YES: _____ NO: _____

Are you willing to commit to the life of a case (up to one year but possibly longer)? YES: _____ NO: _____

What are your reasons for wanting to become a CASA volunteer? _____

Have you had any personal or professional experience(s) involving:
_____ Child Welfare _____ Foster Care _____ Court System _____ Other agencies offering services to a child

If so, please explain: _____

Have you ever been arrested for or convicted of a crime other than a traffic violation? YES: _____ NO: _____

If yes, please explain charge: _____

Date convicted: _____ If yes, where? _____

Have you ever been a defendant in a Protection From Abuse ("PFA") case? YES: _____ NO: _____

If yes, where? _____

Do you consent to a check of your criminal records (child abuse registry, state police, attorney general and sex offender)? YES: _____ NO: _____

Can you think of any reason why a judge might be reluctant to have you serve as a CASA/GAL? _____

Please list three references of people who know you well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity. If you are currently working, either paid or as a volunteer, please include the name of your supervisor.

	NAME	COMPLETE ADDRESS	ZIP CODE	PHONE #	E-MAIL	RELATIONSHIP
1.						
2.						
3.						

ESSAY QUESTIONS:

Please answer the following questions and requests for your philosophy in paragraph form on a separate piece of paper and send your completed responses with your application.

1. Please provide a short summary about your interest in volunteerism and how you hope to benefit from your experience as a volunteer. Discuss also why you chose the CASA volunteer Guardian *ad Litem* program as opposed to another sort of volunteer experience.
2. Please give a short account of what role you believe society should play in protecting the rights of children and in helping a family overcome hardships and remain together. Also include your feelings regarding the rights and responsibilities of parents and of children.
3. Please write a one-page autobiography.

How long have you lived in Maine? _____ How long at your current residence? _____

Have you ever applied to be a CASA volunteer or served as a CASA volunteer in this state or another state?

YES: _____ NO: _____ If yes, what state, and when? _____

Maine CASA reserves the right to make any checks deemed appropriate as to the suitability of anyone responsible for this confidential work. All information will be held in the strictest confidence.

_____ Applicant Signature	_____ Date
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APPLICANT DECLARATION

I understand that by submitting this application I authorize CASA personnel to make inquiries of the State Bureau of Identification, Criminal Records Check, and the Maine Department of Health and Human Services concerning my suitability as a volunteer. I further understand that, by submitting this application, I authorize inquiries to be made concerning my employment and character. The information requested in this application and any additional information that may otherwise be obtained will be used only for the purpose of determining suitability as a volunteer. All information will be held in confidence.

I understand that all CASA volunteers are subject to the training and other requirements of the Maine CASA program and may only serve as CASA guardians *ad litem* with the approval of the CASA Program Manager. I hereby certify that all statements made on this application are true and correct to the best of my knowledge and belief.

Signature: _____

Date: _____, 20

PRINTED NAME: _____

Please mail this application to:

Maine CASA
171 State House Station
Augusta, ME 04333-0171

PLEASE BE SURE TO INCLUDE THE FOLLOWING WITH YOUR SUBMISSION:

- Completed and signed application
- Attachment with Essay Question Answers
- Completed and signed background check form
- Completed and signed DHHS background check form
- A photocopy of your Maine Driver's License and your current Automobile Insurance Card



BACKGROUND INVESTIGATION INFORMATION

Instructions: You may complete this form electronically or by handwriting the information. If you complete it electronically, you must then print and sign the form. **An original signature is required.** To complete this form electronically, do a "Save As," complete, and then save again.

Acknowledgement: By completing and signing this document, I understand that to work in the Judicial Branch, a background investigation must be conducted by the Maine Judicial Branch Office of State Judicial Marshals. This background investigation will include, but is not limited to, an inquiry and documentation of any criminal or motor vehicle arrest and conviction records. I understand that my status as an applicant with the Judicial Branch is contingent on the results of this investigation. I hereby consent to a background investigation and give permission to the Office of State Judicial Marshals to examine any criminal and motor vehicle arrest and conviction records, or other regulatory agency records that pertain to me.

Have you ever been convicted of any criminal offense, not including non-criminal traffic offenses?

☐ No

☐ Yes

If yes, please explain:

Name: (please print)	(First)	(Middle)	(Last)
Maiden or previous names used: (list all)			
Date of birth:	Social Security Number:		
Current driver's license number:	State:		
Prior state driver's license number:	State:		
Current Address:	(Street)	(City)	(State) (Zip)
From:	To: Present		
If exact date is unknown, give an approximate date.			
I have lived at this address for the past 10 years or more. <input type="radio"/> Yes <input type="radio"/> No If no, see page 2.			

I declare that the information provided herein is true, accurate, and complete to the best of my knowledge.

/

Signature of Applicant

Date

For internal Judicial Branch use only:

Printed name of HR Rep/Program Mgr requesting background check:

/

/

Signature

Office/location

Date

Investigation for: **HR Department:**
Program Manager:

☐ employee
☐ LEP
☐ FDP

☐ contractor
☐ CASA/GALS

☐ service worker
☐ CADRES

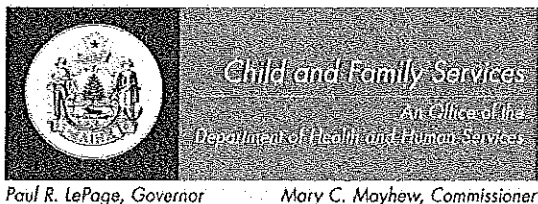
☐ Bail Commissioner

Name :

Use this page only if necessary.

If you have not lived at your current address for the past full 10 years, please list all other addresses below.

Former Addresses			
Please list your former addresses and dates at those addresses for the past full 10 years , including temporary addresses, such as college dormitories, etc. If you do not know the exact dates, give an approximate date. Be sure to include the full address – street, city, state, and zip code.			
This section must be complete or your application cannot be processed.			
Former Address 1:			
From:		To:	
Former Address 2:			
From:		To:	
Former Address 3:			
From:		To:	
Former Address 4:			
From:		To:	
Former Address 5:			
From:		To:	
Former Address 6:			
From:		To:	
Former Address 7:			
From:		To:	
Former Address 8:			
From:		To:	
For additional addresses, please use a separate sheet of paper.			



Department of Health and Human Services
Child and Family Services
2 Anthony Avenue
11 State House Station
Augusta, Maine 04333-0011
Tel. (207) 624-7900
Fax (207) 287-5282; TTY (800) 606-0215

INITIAL RELEASE AUTHORIZATION FOR MAINE CHILD PROTECTIVE SERVICES CASE RECORDS RESEARCH

AGENCY ID#: 306

AGENCY NAME: Administrative Office of the Courts – Family Division

I, _____, authorize release of confidential information by the Maine Department of
(Please print clearly)
Health and Human Services, Office of Child and Family Services, regarding whether I have been involved in a
substantiated Maine Child Protective Services case.

I understand that:

- a. If this search shows that I have been involved in a substantiated child protective case, another release by me is required before the nature of my involvement will be disclosed to the agency/service provider identified below.
- b. This information will be used as part of the agency/service provider's assessment of my suitability to provide services for children, adults, and families for this agency.
- c. This information is subject to continuing confidentiality as provided by Maine statutes Title 22 §4008.

This consent will expire upon the release of the information as authorized.

This consent may be revoked by me in writing at any time, except for information that has already been released.

Agency/Provider to receive this information:
ADMINISTRATIVE OFFICE OF THE COURTS
FAMILY DIVISION
171 STATE HOUSE STATION
AUGUSTA, ME 04333

My date of birth: _____
(Confidentiality laws prohibit providing information on individuals under 18.)

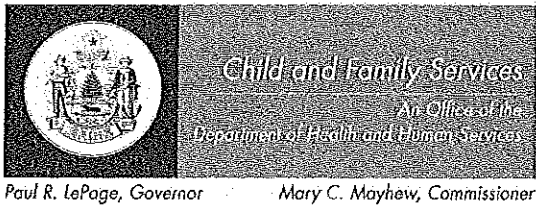
Other names known by, including maiden. _____

Signature (subject of records research) _____ Date _____

Address _____

This form should be completed by the individual who is the subject of the child protective records research request. This form should accompany the 083 Findings Form. Please mail your requests to DHHS, Child Protective Intake, Records Research, SHS 11, 2 Anthony Avenue, Augusta, ME 04333, OR fax to (207) 287-5065. For questions please call 1-800-452-1999 x2.

OCFSCP-082 Initial Release Form
Updated 3/24/2011



Department of Health and Human Services
Child and Family Services
2 Anthony Avenue
11 State House Station
Augusta, Maine 04333-0011
Tel. (207) 624-7900
Fax (207) 287-5282; TTY (800) 606-0215

Agency ID#: 306

ADMINISTRATIVE OFFICE OF THE COURTS
FAMILY DIVISION
171 STATE HOUSE STATION
AUGUSTA, ME 04333

1. Name of Subject of child protective records research: _____
2. Date of Birth: _____
3. Others names known by: _____
4. Today's Date: _____

Only the above four lines of this form should be completed by the individual who is the subject of this child protective records research request. This form should accompany the completed Initial Release 082 Form.

You provided us with a release of information signed by the person named above. You requested a child abuse/neglect screening regarding this person.

This search has several limitations. Only allegations of child abuse or neglect that were substantiated are included. Reports or requests for services referred out to other resources are not included. Allegations that were unsubstantiated or indicated are not included. Persons involved in a case with different last names may be missed by the search process. Therefore, a negative response to a search should not be construed as a guarantee that this person has never been involved with Maine Child Protective Services.

Research of our child protective case records file found that:

- ☐ This person was not involved in a substantiated child protection case.
- ☐ Research of our child protective case records found that this person was involved in a substantiated child protection case. Before we can provide information about the nature of this person's involvement, we will need a subsequent release. This must be on the Department's (OCFSCP-084) Secondary Release Form (*COPY ENCLOSED*) to authorize release of confidential child protective services case records information.
- ☐ The above named person is under 18 years of age. Confidentiality laws prohibit providing information on children under 18.

This information is being provided to you solely for the purpose identified in the signed release and is subject to continuing confidentiality as provided by Maine statutes Title 22 section §4008. Any unlawful dissemination is a class E Crime, punishable by a fine of not more than \$500.00 or by imprisonment for not more than 30 days.

If you have any questions about this information please call 1-800-452-1999 x2.

Sincerely,

Child Protective Intake Unit

OCFSCP-083 Findings Form
Updated 3/24/11

Caring..Responsive..Well-Managed..We are DHHS.



CONFIDENTIAL MAIL-IN VOLUNTEER REFERENCE CHECK

_____ has applied for a volunteer position with the Court Appointed Special Advocates (CASA) Program of Maine and has given your name as a reference.

Please take a few moments to provide us with the following information and fax or mail this back to us **within 7 days**. All information will be kept strictly confidential.

YOUR NAME: _____

YOUR WORK: _____

YOUR E-MAIL: _____ PHONE #: _____

RELATIONSHIP TO VOLUNTEER CANDIDATE: _____

CASAs are advocates for children who are involved in the child protection system because of abuse and neglect by their parents and/or guardians. The job includes working with children, communicating with the parents/guardians, interviewing professionals, attending court hearings, and most importantly, dealing with very sensitive subject areas. The job requires the person to conduct a thorough investigation and to objectively advise the judge, both in writing and orally at court, what is in a child's best interest. Keeping that description in mind, would you please answer the questions below?

In what capacity, if any, have you observed the applicant interacting with children? _____

How does the applicant relate to children?: _____

The following is a list of qualities. Please rate the candidate as "Excellent," "Good," or "Poor," or check the last column if you don't know the answer.

	EXCELLENT	GOOD	POOR	DON'T KNOW
Understanding of Children				
Reliability/Dependability				
Flexibility				
Responsibility				
Exercises Good Judgment				
Lack of Bias				
Self-Esteem				
Empathy Toward Others				
Emotional Stability				
Working with Other Adults				
Ability to Organize				
Sense of Humor				

Please share your impression and knowledge of the applicant's qualifications for the position by using specific examples where possible.

1. How would you rate the applicant's ability to advocate for abused and neglected children?

_____ Excellent
_____ Good
_____ Fair
_____ Poor

2. How well does the applicant work with people who are developmentally disabled, non-traditional, and/or from different cultural, religious or economic backgrounds?

_____ Very Skilled
_____ Adequately Skilled
_____ Poorly Skilled

3. Would you recommend this person as a CASA volunteer?

_____ Yes _____ No

4. What, if any, would be your concern(s) about this person given the job description of a CASA volunteer?

Signature

Date: _____, 20

Thank you! We appreciate your assistance in helping CASA select the best-qualified people to serve in volunteer roles.

Please return this form to: **CASA**
 171 State House Station
 Augusta, ME 04333-0171

or fax to: **207.287.7553** *or e-mail to:* **casa@courts.maine.gov**



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